Complete Summary

TITLE

Gastroesophageal reflux disease (GERD): percentage of patients aged 18 years and older seen for an initial evaluation of GERD with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older seen for an initial evaluation of gastroesophageal reflux disease (GERD) with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed.

RATIONALE

This measure addresses the issue of when to perform an endoscopy by assessing whether an endoscopy was done for a patient with at least one alarm symptom.

Alarm symptoms could indicate cancer, and further imaging is needed to rule out the diagnosis of cancer or other conditions.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Further diagnostic testing (including endoscopy, proton pump inhibitor (PPI) trial, ambulatory pH monitoring, or other tests) is recommended in the following:

- Patients with alarm symptoms (referral for further testing should be immediate). Alarm symptoms are those that suggest cancer. Alarm symptoms include dysphagia, odynophagia, weight loss, hematemesis, black or bloody stools, chest pain, or choking (acid reflux causing coughing, hoarseness, or shortness of breath). (Veterans Health Administration [VHA])

Send patients with dyspepsia plus one of the following alarm features for urgent endoscopic evaluation. Suggested time frames for the urgency of endoscopy are provided with each of the alarm features listed. (Institute for Clinical Systems Improvement [ICSI])

- Melena (*within 1 day if ill*)
- Hematemesis (*within 1 day if ill*)
- Persistent vomiting (*7-10 days*)
- Anemia (*7-10 days*)
- Acute onset of total dysphagia (*within 1 day*)
- Weight loss greater than 5% (involuntary) (*7-10 days*)

PRIMARY CLINICAL COMPONENT

Gastroesophageal reflux disease (GERD); alarm symptoms (involuntary weight loss, dysphagia, gastrointestinal [GI] bleeding); upper endoscopy

DENOMINATOR DESCRIPTION

All patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation, with documentation of at least one alarm symptom (involuntary weight loss, dysphagia, or gastrointestinal [GI] bleeding) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who were either referred for an upper endoscopy or had an upper endoscopy performed

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- VHA/DoD clinical practice guideline for the management of adults with gastroesophageal reflux disease in primary care practice.
- Initial management of dyspepsia and GERD.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Chey WD, Inadomi JM, Booher AM, Sharma VK, Fendrick AM, Howden CW. Primary-care physicians' perceptions and practices on the management of GERD: results of a national survey. Am J Gastroenterol2005 Jun;100(6):1237-42. PubMed

Lacy BE, Crowell MD, Riesett RP, Mitchell A. Age, specialty, and practice setting predict gastroesophageal reflux disease prescribing behavior. J Clin Gastroenterol2005 Jul;39(6):489-94. PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation, with documentation of at least one alarm symptom (involuntary weight loss, dysphagia, or gastrointestinal [GI] bleeding)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with a diagnosis of gastroesophageal reflux disease (GERD), seen for an initial evaluation, with documentation of at least one alarm symptom (involuntary weight loss, dysphagia, or gastrointestinal [GI] bleeding)

Exclusions

- Documentation of medical reason(s) for not referring for or not performing an upper endoscopy
- Documentation of patient reason(s) for not referring for or not performing an upper endoscopy
- Documentation of system reason(s) for not referring for or not performing an upper endoscopy

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients who were either referred for an upper endoscopy or had an upper endoscopy performed

Exclusions
None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: upper endoscopy for patients with alarm symptoms.

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

Gastroesophageal Reflux Disease (GERD) Physician Performance Measurement Set

SUBMITTER

American Medical Association on behalf of the American Gastroenterological Association Institute and the Physician Consortium for Performance Improvement®

DEVELOPER

American Gastroenterological Association Institute
National Committee for Quality Assurance
Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Stuart Spechler, MD (*Co-Chair*); Josie Williams, MD, MMM (*Co-Chair*); Joel V. Brill, MD; Cheri L. Canon, MD; Donald O. Castell, MD; Kedar Chintapalli, MD; Kenneth DeVault, MD; Glenn Eisen, MD; Scott Endsley, MD, MSc; Gary W. Falk, MD; Susan M. Harding, MD, FCCP; Terri Herzog RN, C, CGRN; Elizabeth Hodgson, MD; John G. Hunter, MD; Peter J. Kahrilas, MD; John Martin, MD; Julie Parsonnet, MD; Goutham Rao, MD; Catherine Rees, MD; Joel E. Richter, MD; Sam J.W. Romeo, MD, MBA; John F. Schneider, MD, PhD; Nicholas Shaheen, MD, MPH; Prateek Sharma, MD; Nathaniel Soper, MD; Mark Stein, MD; Monte Troutman, DO, FACOI; Madhavi Vemireddy, MD

Deborah Robin, MSN, RN, CHCQM, American Gastroenterological Association Institute

Erin O. Kaleba, MPH, American Medical Association; Karen Kmetik, PhD, American Medical Association

Rebecca Kresowik, Facilitator; Timothy Kresowik, MD, Facilitator

Sarah Sampsel, MPH, National Committee for Quality Assurance

Kathy Domzalski, Joint Commission on Accreditation of Healthcare Organizations

Latousha Leslie, Centers for Medicare & Medicaid Services; Susan Nedza, MD, Centers for Medicare & Medicaid Services

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Gastroenterological Association Institute, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Gastroesophageal reflux disease (GERD) physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Mar 9. 9 p.

MEASURE AVAILABILITY

The individual measure, "Measure #2: Upper Endoscopy for Patients with Alarm Symptoms," is published in the "Gastroesophageal Reflux Disease (GERD) Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on September 26, 2007. The information was verified by the measure developer on October 26, 2007.

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